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**Reasonable Adjustments for Disabled Pupils: What support *do* parents want for their child?**

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## Reasonable Adjustments for Disabled Pupils: What support *do* parents want for their child?

### Summary

Schools in England (as elsewhere in Europe) have a duty to promote equality for disabled people and make reasonable adjustments for disabled children. There is however a degree of uncertainty about how well placed parents are to use the legislation to ensure their child's needs are addressed. This paper presents data drawn from a national questionnaire designed for schools to use to identify their disabled pupils and examines in detail parental responses to a question on the kinds of support their child finds helpful in offsetting any difficulties they experience. It illustrates the complex and varied nature of the "reasonable adjustments" that are required and an overriding sense these need to be underpinned by the values of a responsive child centred approach, one that recognizes that parents' knowledge and understanding of their child is important. Schools need to have in place the two way communication process that supports them in "knowing" about the visible and invisible challenges that pupils with difficulties and disabilities face in participating in school life.

**Key words:** disabled pupils; parents; support.

### Introduction

There has been a series of legislative acts in England as elsewhere in Europe designed to safeguard disabled people from discrimination. This rights based approach draws on a social model of disability and makes an important distinction between an impairment and a disability, the latter resulting from the interaction between the person and the environment, putting due emphasis on the barriers and supports that are in place. The definition of disability was set out in the Disability Discrimination Act 1995 with a duty placed on schools to take reasonable steps to ensure that disabled students were not placed at a disadvantage. Schools were required to develop plans for improving access in relation to the curriculum as well as the physical environment. This duty was strengthened in the 2005 Act by requiring schools to publish their plans and strategies and make an annual report. It required schools to monitor the impact of their activities and to make reasonable adjustments to policies, practices and procedures. The Equality Act 2010 extended the range of adjustments that schools might reasonably be expected to make to include (from September 2012) auxiliary aids and services although it also removed some of the bureaucratic demands. Through this legislation, schools have also been required to be proactive in promoting disability equality by anticipating barriers that pupils could encounter and removing or minimising them "to put [disabled children].. on a more level footing with pupils without disabilities" DfE (2010).

Research by the Equality and Human Rights commission indicates that schools have responded to many of these expectations. Almost four in five schools have an Action Plan with targets set, and report actions that have had a positive impact on provision for disabled pupils (Bukowski et al 2011). The most frequently cited response has been to improve access to facilities and resources, however it is unclear how schools have gone about identifying disabled pupils. To promote consistency in this process, the Government commissioned the development of tools for schools to use and this paper draws on data from the final stages of this research.

Gaining consistency in identifying disabled pupils is not straightforward. The legislation defines disability as an impairment or health condition which has gone on for a year or more which has had a substantial (more than minor or trivial) adverse effect on normal day to day activities. This definition therefore goes beyond ascertaining whether the child has a physical or mental health condition. A pivotal element is the experience of an impairment, its impact on participation in daily life. The views of parents and children are therefore central to the identification of disability, including the supports and barriers they encounter. Schools will have already formally identified around half of disabled children as they will also have a special educational need (Author et al 2008), that is they will experience difficulties in learning. However there will also be a group of children with health conditions that impact on classroom life. Many of these may be cyclical with conditions that lead children to be in the grey area of not really ill or very well (Closs 2000). There will also be children whose disability remains largely invisible to schools, including those with mental health difficulties and children who have developed coping strategies that draw attention away from their struggles to participate fully in school life. There is some evidence that disabled children may be vulnerable to underachievement, particularly those who demonstrate early potential for high attainment which is eroded

through school absence and ill health (Author et al. 2008). It is important therefore that schools are aware of children and young people's physical or mental health conditions, the challenges they face in school life and what supports and adjustments are particularly helpful. It is important to adopt a universal approach to ensure that data are collected from *all* children who are struggling, rather than targeting already identified children.

It is too early to report whether legislation has helped parents who have concerns about whether their child's needs are being met. Parsons et al (2009) found that the knowledge of parents with a child with special educational needs about previous Disability Discrimination Acts was limited, and Lewis et al. (2007) noted that although parents were aware of the legislation they did not fully understand how it related to their child. Despite the UK government's attempts to define disability there is still uncertainty amongst parents and children about whether the term disabled applies to them and a conflation with the term special educational needs (Lewis et al 2007). Moreover, although parents may be aware of their child's difficulties, they may be uncertain whether additional support is provided for them (Lewis et al 2007). It would appear that parents are not yet sufficiently well-informed to use the legislation to ensure that their child's needs are addressed. In recognition of these and allied issues the Government set up the Lamb inquiry to investigate SEN and Disability information and to look specifically at parental confidence in the systems in place: "The content of information, though crucial, is only part of the story. It is the involvement of the parent in the process of discussion and engagement about their child with the school that creates confidence. Such confidence can sustain working relationships even in situations where there is not always agreement about provision." p9.

Previous research indicates that the interaction between schools and this group of parents may be particularly problematic. Parents of children with special educational needs are strongly represented amongst those who make formal complaints about schools (McKenna and Day 2010). Additionally, Ofsted while reporting that primary and special schools are usually effective in communicating with parents whose children have special educational needs noted that there are parents who feel that they are not able to "request something more or different without appearing overly demanding" (Ofsted 2011 p5). Reports that consider *specifically* parents of disabled children and their levels of satisfaction with children's services present a broadly similar picture, although survey data may over-represent parents with the strongest views, making overall levels of satisfaction difficult to gauge (Parsons et al 2009). With this caution in mind Grant and Hamlyn (2009) found that only 37% of parents reported a positive experience of education and that overall just 11% found the school to be supportive with 47% reporting that they needed more help or support. They found that parents did not feel that education services either elicited or acted upon their feedback. Parents of children with depression were least satisfied. This is consistent with the broader study of Parsons et al (2009) who concluded much the same in relation to parents with children described as having psychosocial difficulties. A qualitative survey of parental satisfaction with services for disabled children (Slade et al 2009) suggested that limited knowledge about disability amongst professionals in mainstream led to misunderstandings of children's behaviour and not knowing how to manage and support children. Again parent's expressed concern that children's mental health issues were not being properly recognised: "There was evidence of parents 'struggling' to gain an accurate diagnosis in the case of disabilities described as being less identifiable, for example, non-physical disabilities such as psychological or mental health issues and this was felt to have impinged on the ease with which parents were referred to relevant services." (p.9).

Previous research therefore indicates there are still gaps in the interaction between parents and schools in relation to disabled children and the support that they receive from school, and that those with mental health difficulties may fare particularly poorly.

This paper presents data on the support that parents of children who experience difficulties with school life find helpful. It is drawn from a national questionnaire devised for schools to use to collect data from parents about disability in line with the Disability Discrimination Act 2005 definition, i.e. to identify children with an impairment or health condition which has continued for a year or more and which has a substantial effect on daily life. The survey of disabled children reported here was the first to be developed to provide reliable data for schools and local authorities to report to Government testing new measures of impact and based on earlier developmental work with schools and Local Authorities (Author 2008)

## Methods

Local Authorities nationwide were invited to nominate between 5-10 schools and twelve were able to meet the project deadlines identifying 52 participating schools using a variety of approaches (some authorities approached particular schools; some put out a general call for responses; and one authority nominated schools without their prior notification. A total of 49 schools returned data. These included 25 primary, 15 secondary and 9 special schools representing inner city, urban and rural areas including those of high social deprivation, neighbourhoods that were more affluent, and schools with high numbers of pupils with English as a second or additional language. Schools trialled the use of a parent questionnaire to identify the children who met the legislative criteria for disability, namely that they had an impairment or health condition which had gone on for a year or more that had a substantial impact on daily life which was not offset by the use of equipment or aids. Schools chose which year groups to target, sending the questionnaire to parents of all children and in some cases opted to send it out to every parent in the school. The questionnaire comprised 9 closed questions that sought information from parents including whether their child experienced difficulties in aspects of schooling and life in and outside the home; if their child had a physical or mental health condition, impairment or difficulty and if so whether it had persisted for a year or more (or was likely to). Where parents had answered yes to any of these items they were then invited to state if their child had seen a professional and what diagnosis was given; they were asked about the impact of the condition; the nature of their child's needs; about medication, physical aids and diet. There was also a 10<sup>th</sup> open question, (the focus of this paper) that asked parents about the support that their child found helpful. The questionnaire also provided an opportunity for parents to indicate if they wished to speak to a member of school staff, and to state if there was anyone they would prefer not to have access to the information they provided. Full details of the procedures can be found in author (2010).

## Sample

Staff from the 49 schools distributed the questionnaire to 6,208 pupils of which 2537 (41%) were returned and form the basis of the analysis below. The returns were almost equally divided across boys and girls (52% and 48% respectively) with 92% of the returns from mainstream provision (48% primary and 44% secondary) and 8% from special schools. The children ranged in age from 2-19 years but as figure 1 reveals the schools' choice of year groups resulted in more 11 and 12 year olds being included in the returns.

Insert Figure 1 around here.

## Children with an Impairment or Health Condition

In total 523 of the 2537 (21%) parents identified that their child had a physical or mental health condition that had gone on for a year or more and 270 met the Equality Act/DDA disability criteria as the condition had a substantial impact on their daily life. Of the 523 all but 11 provided details of the diagnosis that had been given, although in 16 cases parents were still awaiting confirmation and a further 18 had a generic diagnosis of global developmental delay. The children had a range of conditions, but by far the most prevalent was asthma affecting 167 (32%) of the 523 children. The second most prevalent condition was being on the autistic spectrum: 119 children (23%) had this diagnosis although in many cases it was one of several. All other groups were relatively small with 35 children (7%) diagnosed as having 'ADHD' again often in combination with other conditions, 28 (5%) epilepsy, 17 (3%) Down Syndrome and 16 (3%) cerebral palsy.

The main focus of this paper is on the responses that parents made to the open question: *"Please describe the support that your child finds particularly helpful to enable them to take part in daily activities in school, at home or in the community"* and examples were given to illustrate the breadth of the question *"e.g. access to therapy, computers, respite care, support from friends, skills training"*. Answers to this question were analysed through an iterative process of coding parental responses for units of meaning, with two researchers each at the complete data set to reach agreement on the context of their statements, whether they referred to school, home or community participation; what type of support was identified; and whether parents had identified support that was provided or gaps in provision. The data was then examined for differences between the support identified for children for whom a substantial impact was noted by parents and those who reported a minor or no impact; and differences between the two largest groups of children, those on the autistic spectrum and those with asthma; and those with mental health conditions, as parents in previous surveys appeared to be least satisfied with their provision.

In total 439 parents made a written response on the form. These included 230 parents whose child met the disability criteria (85% of this group of parents) and a further 133 parents whose child had an impairment or health condition but which was not seen to make a significant impact on daily life (62% of this group of parents). However all parents who reported that their child experienced a difficulty were invited to respond so an additional 76 parents also commented. Taking all comments together, these were distributed across primary (32%) secondary (30%) and special (38%) school returns.

Insert 1 table around here

Table 1 provides data on parent's ratings of the context of the child's experienced difficulties. For the group of 230 children who meet the legal definition, this suggests that more than 80% experience difficulties participating in each area of life and this was more likely to be a regular occurrence with a fewer proportion experiencing difficulty only sometimes. This is consistent with the definition of disability. In contrast, for the second group of children whose parents reported no significant impact, the challenges to participating are more likely to be felt sometimes (except in relation to daily activities) and then by a smaller proportion of the children. Interestingly classroom life is a particular site for experiencing difficulty, followed by interacting with other pupils and participating in activities outside the home. In the third group, those whose parents reported no impairment and no substantial impact, children's difficulties are similar to the previous group in that the most likely site for difficulty is again the classroom followed by difficulties interacting with peers, and in general difficulties are described as sometimes occurring. Taken together the three groups represent a continuum, with challenges to participation most likely to be experienced in the context of school life.

It is with this range in mind that we turn to examine the content of parental comments. Over a third of parents (38%) responded by writing about aspects of their child's condition and this was particularly true of parents of children in mainstream provision where 43% in both primary and secondary wrote about these. This is well illustrated by a quote from the following parent:

*Chris copes mostly very well. It's the unknown or something new or different that can cause him to worry or become stressed. As sleeping is one of his major difficulties he is often exhausted and this can magnify things for him.*

Parent of 12 year old boy in secondary school .

Parents of children with no reported impact were slightly less likely than the other two groups to report on aspects that give rise to particular needs

Insert table 2 around here

The majority of parents, 90% of the combined three groups, described what support their child found helpful. Figures were particularly high for parents of children in special provision and slightly lower for mainstream. Some parents (17%) also included comments on the supports that were missing, the barriers to participation, and predictably there were slightly fewer of these comments in relation to special schools (14%) compared to primary (21%) and secondary (18%) schools.

Insert 3 table around here

Perhaps surprisingly the group that reported no impact to the health condition were slightly more likely to raise the issue of barriers to participation than the other two groups.

Insert table 4 around here

The focus of the majority (69%) of comments of the 439 parents was school- unsurprisingly as this was the context in which most children experienced challenges to participation and learning with much fewer (28%) specifically about home-life and much more likely to be made by parents of children who attended special school (45%) than primary (18%) or secondary (17%) schools. Just 12% of comments concerned support in relation to the community, a surprisingly low number given the high proportion of children in some groups that experienced difficulty participating in activities outside the home. However a number of parents (33%)

also made generic comments, ones that were not specific to any particular setting including general comments about their child.

*Joseph is a lovely young man who needs support and understanding, he has a lot to give.*

Parent of a 13 year old boy in special school

*Katie is able to manage herself by asking for repetition where necessary and by explaining to people that sometimes she finds it hard to hear them, and it is helpful for them to look at her face.*

Parent of a 5 year old in primary school

*Ann needs medicines, water and milk given to her very regularly throughout the day.*

Parent of a three year old in a first school

The balance of responses in all probability reflects the origin and perceived audience of the questionnaire given the relatively high proportion of parents who said their child experienced difficulties participating in activities outside the home.

Insert table 5 around here

### **Support in School**

This report focuses on the largest category, support that parents reported their child found helpful in school (including those comments which were generic) and these responses are grouped into eight categories: comments that concerned the organisation for learning, notably reference to 1:1 support or small group learning; staff responses that communicated to the child positive understanding and being generally supportive; access to specialist advice both internal and external to the school; comments that related to the curriculum; mention of aids or equipment; description of particular teaching styles or approaches; aspects of the environment including space and finally reference to particular medical support including diet.

Insert table 6 around here

Table 6 reveals the variation in types of support by phase and perhaps most notably, aspects of organisation are cited by 30% of parents in special and primary schools. The focus here is not just on better access to teaching support with parents describing what their child finds supportive is small group or one to one teaching or with a Teaching Assistant by their side.

*The extra one to one lessons have greatly helped Chloe to gain confidence in herself as well as to improve her reading and maths ..*

Parent of a 8 year old girl in primary school.

*Maria has one to one within the school environment. This is essential for Maria to get around school and for toileting. The teaching assistant stays with Maria during playtimes in the classroom as she doesn't go outside.*

Parent of a 10 year old girl in primary school.

In second place for parents of children in primary schools were curriculum issues and access to specialist advice for parents of children in special schools. The concern for parents of children in secondary schools seems more likely to relate to staff communicating positive attitudes and understanding as this is specifically mentioned by one in five parents. Responses then mirror both primary and special schools as the joint second position was specialist advice and the curriculum. A particular feature of comments concerning the curriculum lay in relation to additional and often extra-curricular elements that helped children develop their skills for social interaction and for raising self-esteem, as indicated in the following comments:

*Mike would like to do activities before school. I think there is a group that meets in the morning. This was talked about previously. Maybe this could be introduced to help with his interaction.*

Parent of 6 year old boy with speech delay in primary school.



*Gill's support group every Wednesday lunchtime - helps with low esteem issues and increases self-confidence.*  
Parent of a 14 year old girl with learning difficulties in secondary school.

Amongst the 439 parents, pedagogic responses are relatively few with just 1 in ten parents commenting on teaching approaches and similarly on aspects of the environment, (such as space and noise) or medical support.

We next consider if there were differences between parents in relation to whether their child's health condition was judged to impact on daily life. Among parents who had reported that their child's impairment did have an impact, the most important areas of support mentioned were in the area of organisation for learning and access to specialist advice, but these areas were less important for those whose child experienced no impact. For the latter group the most important areas for support were positive attitudes and effective communication strategies. Of least importance were environmental aspects.

### **Children with ASD**

The data were also analysed to investigate whether as previous writers have found there were issues that were specific to autism, as this constituted one of the largest groups of children identified by parents as having a difficulty or disability. Of the 119 children who were diagnosed as placed on the spectrum all but thirteen experienced a significant impact on daily life and 107 parents, 90% of this group, provided comments. The majority of these children were educated in special schools. As with all groups it is evident that their needs are varied. Low figures in each cell preclude the use of percentages but looking at the totals it is clear that organisation for learning stands out as an issue for the pupils in primary and special school settings. In both these settings parents either wrote about the importance of 1 to 1 or having a Teaching Assistant supporting their child. (N=35) Much less often was the virtue of small groups espoused (N=8) and this was almost always in the context of special school settings.

*One to one support at school, clear routine and instructions, structured day, continued re-affirmation of behaviour and expectations. Computer access at school and home. One to one support to access music tuition, gym.*

Parent of an 11 year old boy in special school.

Insert table 7 around here

The second most frequent set of responses concerned access to specialist advice and to curriculum. In the case of the latter only 2 parents responded with reference to Maths and English, the remainder referenced additional curriculum aspects, most notably those which would support developing interaction skills. With respect to specialist advice sources for this varied widely from: nurse, OT, music therapist, speech and language therapist, SENCO, trained teachers, psychiatrists, social worker and hospital consultant. These two items were closely followed in frequency by attitude and understanding of the staff and resources and aids. Perhaps surprisingly only 3 (11%) of the mainstream parents mentioned aspects of attitude and understanding compared to 17 (22%) of the special school parents.

*Visits to the school nurse. Sessions with learning support worker. Having a dedicated person she can go to with problems. Social skills course - excellent. Understanding from her teachers / peers. Homework club. Good, structured routine for lessons & homework. Good disciplinary procedures, knowing her boundaries, knowing what is expected of her and when use of her planner so she doesn't forget things.*

Parent of a 12 year old girl in a secondary school.

As with the quote above, a number of parents wrote comments that revealed the package of support that their child found helpful:

*Full time support of classroom TA's to access learning.  
The use of a communication book between home and school.  
Use and development of IT equipment which is lacking at home.  
Fantastic SENCO.  
A school ethos that actually welcomes disability diversities.*



Parent of an 8 year old in primary school.

### Children with Asthma

Turning now to consider another of the largest groups- 167 children had asthma varying from very mild to more significant (76 in primary, 85 in secondary and 6 in special schools) although only 37% (61) of these parents provided comments on what their child found helpful, 29 children in primary, 27 in secondary and 5 in special schools.

Insert table 8 around here

As anticipated the most commonly mentioned support was medical in nature with 21 of the 56 (38%) parents of children in mainstream referring to some element of medication in their responses,. This largely reflects the emphasis that parents place on allowing the child to carry and use their inhaler.

*J's asthma is very mild and controlled with inhalers, but he is allowed to carry his ventolin inhaler with him at school. So I think that is good when the school allows him to do that, so he is in control of his own medication, if he needs to use it at anytime.*

Parent of a 13 year old boy in secondary school.

However, taking the group as a whole, attitudes and understanding are in second place in order of support. As one parent of an 11 year old boy in a secondary school stated:

- *P.E. teacher showing understanding of problem - asthma*
- *Understanding that school absence is sometimes unavoidable*

Additionally, 13 parents also mentioned aspects of the curriculum: five of these concerned supporting maths or English or both but the remainder referred to additional or alternative approaches to the curriculum:

*Having missed periods of 2-3 weeks at a time my daughter would benefit from extra help to 'catch-up' the time she has missed either in classroom support or extra work at home relating to the period she has missed.*

Parent of an 8 year old girl in a primary school.

*Alternatives to outdoor play, physical activities when in recuperation.*

Parents of a 7 year old girl in primary school.

These comments illustrate the important role for school in responding to the health needs of their pupils.

### Children with Mental Health Difficulties

Finally we turn to the last group- a small group of children with mental health difficulties which includes children whose needs may be less obvious to staff. Sixty seven parents indicated that their child had mental health needs (depression, anxiety, phobias) of which 55 (82%) provided comments in relation to support. The results set out in table 9 need to be viewed with some caution as many of this group, especially those in special schools, had a complex array of needs and parents did not necessarily write explicitly about the support for mental health issues. This challenge is expressed by one parent:

*Jocelyn needs people around her who understand her needs- This question is too difficult to answer.*

Parent of a 7 year old in a special school.

Insert table 9 around here

In secondary school settings the attitude and understanding of others were particularly important whereas in primary and special schools reference was made to access to one to one support and being in small groups.

*James needs constant support from familiar consistent adults who understand his difficulties and can accurately assess his level of stress at any given time. James needs an environment that is both predictable and calm so he feels able to try new experiences. James needs space to be by himself for short periods throughout the day to enable him to cope with situations that are demanding and/or stressful.*

Parent of a 13 year old boy in special school

*Skilled Teaching Assistant really helps Michael get through a day at school. He has occasionally received counselling, which was beneficial, and advice from a psychiatrist. Michael ....becomes emotional quite easily and so I am glad of any support I can get.*

Parent of a 12 year old boy in secondary school.

*Pacing in relation to physical activities and mental activities. ....Support from friends. Consideration of timescales for homework. Consideration of periods of absence. (Alice currently takes Thursdays off, but has often taken further days off due to extreme fatigue. Being allowed to stay in class breaks, enter dinner hall early....*

Parent of a 14 year old girl in secondary school.

A number of parents made reference to counselling although specialist services were not always viewed positively:

*Helen has seen CAMHS for several years, also the school psychologist, counsellors and a family support worker, none of which she found helpful.*

Parent of a 13 year old girl in secondary school.

Many children, especially those with the most complex needs, require an array of support:

*Tim needs lots of support to get along with his teachers and accept direction. Tim needs support to understand communication with friends, to control his behaviour and reduce anxiety. Thomas is very upset at school and hates his teacher, he needs lots of support to deal with this. Tim receives mental health support via psychologists, psychotherapy and psychiatry. He is often very depressed and talks about ending his life. Tim needs support when out and about to reduce anxiety and stay safe (noise, unexpected change etc). Tim needs to control his asthma and migraines with medication which gets worse with anxiety, allergies and stress. Lots of adult support needed.*

Parent of a 12 year old boy in special school.

This quote illustrates the ways in which different conditions inter-relate and require sensitive and informed interactions from others.

## Discussion

Our sample reflected the range of challenges children experience from those which occur regularly in every setting to those which are only occasionally experienced. However a common factor that united the children was their effect on classroom life and in consequence the pivotal role to be played by schools to enable their full participation in daily activities. Given the opportunity provided by the questionnaire, a large proportion of parents whose child had a physical or mental health condition communicated with schools about what support their child found helpful. This was particularly true of parents of children with ASD who formed the largest group of respondents. Just under half the parents of children in mainstream provision explained their child's needs indicating the importance of a supportive response from the school. Equally parents in mainstream provision were more likely than those whose children were in special provision, to write about the barriers that were encountered, again indicating the possible adjustments to be made.

For many parents the greatest area of support was seen in the way that learning was organised and in particular their child's contact with adults. Overall a quarter of parents wrote that this was an aspect that was important for their child, especially for those in primary and special school settings. This data is consistent with an earlier study (author 2008) where access to adults featured heavily in parental responses with almost a quarter specifically referring to individual support, small groups or small classes. This earlier data saw this requirement linked in parental comments to providing a positive emotional climate, one where staff gave encouragement and reassurance. While schools may view the organisation for learning as a pedagogic response there is also a relational or affective element. Research has raised some important questions about the efficacy of support provided by classroom assistants in one-to-one and small group settings in mainstream schools (Webster et al 2010). A longitudinal UK study of everyday provision in schools revealed that teachers were almost entirely engaged in whole class work in both primary and secondary settings and that it was teaching assistants (TAs) who provided small group and individual support. The data

suggests that this had a negative impact on pupil progress in core subjects even when controlling for factors such as prior attainment and SEN status (Blatchford 2009) as TAs lacked the pedagogical skills to promote pupil understanding. Instead their focus was on task completion, prompting pupils even by supplying the answers. Where TAs are trained to deliver a highly structured programme the outcomes are more promising (Farrell et al 2010).

Given that parental comments less frequently referred to other elements of pedagogical support, it is possible that their view of the supportive nature of these organisational arrangements reflects additional values. Howes et al (2003) in a review of previous research suggests that the style of interactions of a TA is different to that of a teacher and more likely to be informal and personalised, helping pupils to engage and stay on task. Webster et al (2009) refer to this as developing the “soft skills- confidence and motivation, dispositions towards learning” p331, and this is consistent with the views of pupils themselves (Fraser & Meadows 2008). Given the personalised and more extended interaction that TAs have with pupils it is quite possible that this increased interest and attention is what parents value, and they, like others, are not aware that this does not necessarily lead to improved learning outcomes.

Consistent with this analysis is the finding that in secondary schools there was a slight shift in parental responses to focus on the nature of the relationships children have with adults, whether they are understanding and supportive in their attitude towards the child. Notably this was also cited as an aspect that created barriers for their child. This difference is also reflected in the views of the children themselves (Georgeson in press) where younger children value more contact with adults and for older pupils it is the quality of that contact that is important. Research has consistently addressed the importance of attitudes in promoting the inclusion of children with disability and SEN in school life, “being helpful” can be as important as the help received.

Although fewer parents argued for different pedagogic responses their comments did suggest that access to specialist advice was helpful. This was often about the knowledge and understanding of children’s particular difficulties. Parsons et al (2009) also refer to the “strong desire for children’s individual needs to be adequately recognized, understood and supported” p54 although they conclude that equally important is the knowledge and understanding of the “impact of different conditions, disorders, disabilities or difficulties on children’s individual experiences and capabilities.”p54. The emphasis here can be placed on pupils’ experiences and well-being rather than on a more narrowly conceived view of attainment. Notably parental comments about the curriculum were largely about providing opportunities for children to develop their self-esteem and self- confidence, often to promote their social and communicative skills rather than to address particular areas of academic knowledge.

Within the data are hidden the needs of different groups. In this paper we have drawn out contrasts between pupils with ASD, pupils with asthma and those with mental health difficulties. Notably parents of children with ASD and those with mental health difficulties were particularly forthcoming about the support needs of their child. Previous research on parents of children with ASD has highlighted the factors that appear to be associated with parental levels of satisfaction with the educational provision of their child. Whitaker (2007) writes “The extent to which parents felt that school staff understood (and empathised) with their children’s difficulties, and the perceived flexibility of the schools’ responses to the children’s needs... The extent and quality of reciprocal communication between school and home.. [were] strongly associated with levels of satisfaction.” p170.

The numbers of children diagnosed with asthma has been increasing over the past 20 years (Wolf et al 2002). Unsurprisingly medical support is the highest reported form of support for those with asthma (and low for those with ASD), as parents place emphasis on children having access to their inhalers and being able to self-medicate. While the evidence of effectiveness is not clear cut, self-management is an important strategy for children with asthma (Wolf et al 2002). However there are also important reminders in the data that health needs can generate the need for other educational responses. Asthmatic children for example may also require curriculum adjustments, partly due to absences that mean they may need the opportunity to catch up on learning that they have missed.

Children with mental health needs are also a growing group (Nuffield Foundation 2010) with a doubling in the last 30 years of the number of young people who report that they frequently feel anxious or depressed. Where children have additional difficulties, it may be particularly challenging to identify these needs (Hackett et al 2010) and it's likely that the returns of this survey under-represented this group. The data that was provided however illustrate finely the need for schools to be supportive and to provide an environment that does not exacerbate the challenges the child faces. The support of a predictable and safe environment was a repeated message. There was a plea by some parents to look beyond the behaviour to understand what may lie beneath it. Again the emphasis on being part of a smaller classroom unit and having access to a teaching assistant speak not just of a pedagogic response to the way that learning is organised, but also of the desire for a closer relationship, one which is flexible and responsive to children's changing needs.

However the data also revealed some ambivalence about the schools and professional involvement with some parents being concerned that their mental health child's difficulty should not be discussed. Schools therefore have a sensitive role to play in providing genuine opportunities for parents to contribute to enabling their child to participate fully in school life. It is likely that the "reasonable adjustments" that parents want are first and foremost to understand the needs of their child. Where absence plays a key part in the child's coping, staff may be unaware of the challenges they face in participating in school life. While Local Authorities assess their services for children with mental health difficulties as high, including those for children with learning difficulties (Statistical Release 2011), the data from parents suggest that everyday contact with understanding adults within the school has a vital role to play in supporting their child.

The findings of this study are highly consistent with research on the social dimensions of schooling and the impact of relationships with teachers and others on a pupils' sense of well-being. McLaughlin and Clarke (2010) review a body of research that reveals the interconnectedness of learning, relating and belonging. Particularly relevant here is the evidence that teachers who are "good" and in particular perceived as kind and supportive play a particular role in emotional well-being, an example of the way you are treated being as important as how well you are taught. A technical approach which is so characteristic of policy and practice may fail to tackle institutions as social organisations. It may in particular overlook the issue of pupil-teacher relationships which appear to be as central in the everyday experience of young people in contributing to emotional well-being.

## **Conclusion**

The questionnaire provided an important vehicle for ensuring that all parents had the opportunity to provide information on the supports to learning rather than simply targeting those parents whose child's needs were already known to schools. In this way schools were opening up the possibilities to learn about the needs that had been invisible to them but which impacted on the child's experiences in school. Parents took the opportunity to explain aspects of their child's experience, such as the effect of not sleeping or the impact of absences on children's confidence, setting up the potential for a two way dialogue for establishing the "level footing" required by the legislation.

However this should be seen as simply the first step. Parents in general would rather avoid an escalation of issues through "more open and less formalised communication between parents and schools" (Opinion Leader 2009 p8). Parents are therefore unlikely to want recourse to a legal system to pursue the rights of their child unless no other avenue is open to them. As others have indicated the law is an imperfect device for dealing with the complexities of "what's best for the child" when the driver to decision-making is "what's lawful" (King and King 2005). The potential of the Equality Act lies with setting up a process for a two-way partnership where detailed knowledge of the child can be exchanged to promote understanding of how the learning environment can be developed to enhance the capabilities of the child, in the broadest sense.

Parents want to be assured that someone in the school truly "knows their child" and has regular contact with them, a finding consistent with the Lamb inquiry (Lamb 2009). This calls for understanding and empathy, most usefully employed where that person has some insight into the child's condition and is also aware of the variety of ways that it manifests. Parental responses clearly revealed that a standard one-size-fits-all was not the appropriate approach. A personalized approach is not easily amenable to the setting of institutional targets and an action plan. Reasonable adjustments are too frequently seen only in terms of changes to physical layout or the provision of aids and equipment. Instead parental responses reinforce the

need for schools to retain flexibility in their provision for children. Above all however schools need to have in place the two way communication process that supports them in “knowing” about the visible and invisible challenges that pupils with difficulties and disabilities face in participating in school life, processes that go beyond simply having data on file.

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